**Silicon Valley Council of the Blind**

**A Chapter of the California Council of the Blind**

**The Barbara Rhodes Access Technology Grant 2020 Instructions and Application Form**

**Before completing the application form, please read all of the following information and instructions.**

**To download this document in an electronic format, visit www.svcb.cc**

**If you have questions, would prefer the application in braille, or need assistance filling out the application, please leave a voicemail at 888-652-5333 or send an email to**

**svcb@onebox.com**

**WHAT IS THE PURPOSE OF THIS GRANT?**

**The purpose of the grant is to ensure greater economic opportunity and a richer quality of life for those who are visually impaired or blind.**

**The Silicon Valley Council of the Blind (SVCB) will award a grant of up to $1500 to visually impaired or blind individuals who can best demonstrate the need for access technology that will improve their quality of life or advance their educational and/or employment opportunities.**

**Examples of items that the grant might fund include, but are not limited to:**

**\* Computers and appropriate access software**

**\* Braille notetakers and displays**

**\* Accessible bar code readers**

**\* Accessible cell phones**

**\* Magnifying systems**

**\* Hearing aids and audiologist fees**

**\* Mobility aids and instruction**

**\* Accessible medical aids**

**WHO WAS BARBARA RHODES?**

**Barbara Rhodes, a respected and valued member of SVCB for many years and a born advocate, was diagnosed with retinitis pigmentosa midway through her adult life. She worked tirelessly thereafter on various committees to improve the health, safety, and quality of life for the visually impaired and blind community.**

**WHAT ARE THE QUALIFICATIONS FOR THE GRANT?**

**The qualifications for the grant are as follows:**

**\* You are visually impaired or blind**

**\* You are a resident of one of the following counties: Alameda, San Mateo, Santa Clara, Santa Cruz, or San Benito**

**\* You are sixteen years of age or older**

**\* You are planning to use the technology for educational, vocational, or quality of life purposes**

**\* You have not received the Barbara Rhodes grant within the past five years**

**HOW DO I APPLY FOR THE GRANT?**

**To apply for the grant, you need to complete the following steps:**

**1. Submit a completed application form, which must be postmarked no later than April 30, 2020 (see application form below).**

**2. Prepare a 200-word personal statement in one of the following formats:**

**\* Hard-copy typed and double-spaced**

**\* Hard-copy braille**

**\* An electronic format such as docx, doc, rtf, or txt**

**Instructions for preparing your personal statement are listed below the application form.**

**WHAT IS THE SELECTION PROCESS?**

**Upon receipt of all applications and personal statements, SVCB’s Barbara Rhodes Technology Grant Committee will review them and choose the finalists.  If you are selected, you will be invited to meet with the committee for a personal or telephone interview.  The committee will notify the recipient in May, and present the award in a special ceremony at our June 20 general membership meeting.**

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**The Barbara Rhodes Access Technology Grant 2020 Application Form**

**Name:**

**Address:**

**Email:**

**Preferred phone:**

**Alternate phone (optional):**

**Select the range that corresponds to your age:**

**\_\_ 16-25**

**\_\_ 26-40**

**\_\_ 41-64**

**\_\_ 65 and above**

**If you need more space to answer the following questions, feel free to attach additional pages to this application form.**

**1. What is your visual impairment?  Describe your current functional level of vision.**

**2. Tell us about community organizations to which you belong, volunteer work you have done, and any other interests and hobbies you may have.**

**3. If you are a student, where are you attending school, and at what stage are you in your educational progress?**

**4. How did you hear about the Barbara Rhodes Grant?**

**5. Explain how you plan to use the grant.  In answering this question, be as detailed as possible.  For example:**

**A. If you will use the grant for school expenses such as tuition or books, estimate your total expenses.**

**B. If you will use the grant to buy a piece of equipment or software, please provide the vendor's name and contact information, the list price, and the item number.  (A photocopy of the page from the catalog or a print-out from the website would be helpful, but is not required.)**

**C. If the item will cost more than $1500, explain how you plan to pay the balance.**

**Please submit this completed application form, postmarked no later than April 30, 2020, with the following additional document:**

**A 200-word personal statement in which you tell your story more fully.  Please address the following items:**

**1. Tell the committee a little more about yourself.**

**2. What impact has your vision loss had on your life?**

**3. How will the product or service you wish to purchase improve your quality of life?**

**Again, if you have questions, would prefer an application in braille, or need assistance filling out the above application, please leave a voicemail at**

**888-652-5333**

**or send an email to**

**svcb@onebox.com**

**Mail or email the application form, the personal statement, and any supporting documents to**

**Silicon Valley Council of the Blind**

**P.O. Box 493**

**Mountain View, CA 94042**

**svcb@onebox.com**

**Thank you.**